



PATENT
Docket No. 13415/202012

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A RUCKSACK WITH A BELT ASSEMBLY ENABLING ANGULAR PIVOTING

the specification of which is attached hereto unless the following is entered:

was filed on	as United States Application Number or PCT International Application Number	and was amended on (if applicable)
11 August 2004	PCT/FR2004/002133	

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

PRIOR FOREIGN APPLICATION(S)

I hereby claim foreign priority benefits under 35 USC §119(a-d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application(s) for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

Application Number	Country	Filing Date (day/month/year)	Priority Claimed
0309856	France	12 August 2003	Yes

PRIOR UNITED STATES APPLICATION(S)

I hereby claim the benefit under 35 USC §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

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POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Registered Practitioners of Kenyon & Kenyon included in the CUSTOMER NUMBER

23838

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (Cont.)

Direct telephone calls to:

Gary S. Morris
(202) 220-4200

Send correspondence to:

KENYON & KENYON LLP
1500 K STREET, N.W., SUITE 700
Washington, D.C. 20005-1257

I hereby declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of first inventor	Last Name FOISSAC	First Name Matthieu	Middle Name -
Residence	Lille	France	Country of Citizenship France
Post Office Address	Street 48, rue du Long Pot	City Lille	State or Country & Zip Code FRANCE 59800
Signature <i>Matthieu Foissac</i>		Date <i>17th February 2006</i>	

Full name of second inventor	Last Name LAFOUX	First Name Antoine	Middle Name -
Residence	Magland	France	Country of Citizenship France
Post Office Address	Street 119, allée des Saules	City Magland	State or Country & Zip Code FRANCE 74300
Signature <i>Antoine Lafoux</i>		Date <i>7th March 2006</i>	

Full name of third inventor	Last Name	First Name	Middle Name
Residence			Country of Citizenship
Post Office Address	Street	City	State or Country & Zip Code
Signature		Date	

Full name of fourth inventor	Last Name	First Name	Middle Name
Residence			Country of Citizenship
Post Office Address	Street	City	State or Country & Zip Code
Signature		Date	